PTO/SB/06 (07-06)

Approved for use through 1/31/2007, OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/536,705			ing Date 08/2006	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	_	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A	.,,	1	N/A	,,,	
	SEARCH FEE (37 CFR 1.16(k), (i),		N/A		N/A		N/A		1	N/A		
	EXAMINATION FE (37 CFR 1.16(a), (p),		N/A		N/A		N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =				x \$ =		OR	x \$ =		
IND	EPENDENT CLAIM CFR 1.16(h))	s	minus 3 =		•		x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	ts of pap 50 (\$125 tional 50	wings exceed 100 ation size fee due ity) for each tion thereof. See 37 CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						]			1			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		1	TOTAL		
APPLICATION AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								L ENTITY	OR		ER THAN ALL ENTITY	
AMENDMENT	06/29/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18(i))	· 23	Minus	<b>~</b> 93	= 0	]	X \$26 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 3	Minus	···14	= 0	1	X \$110 =	0	OR	x s =		
	Application Size Fee (37 CFR 1.16(s))								П			
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	Y EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(i))		Minus	**	=	]	x \$ =		OR	x \$ =		
M	Independent (37 CFR 1,16(h))		Minus	***	=	]	x \$ =		OR	x s =		
딦	Application Size Fee (37 CFR 1.16(s))					]			]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
"If the entry in column 1 is less than the entry in column 2, write "or in column 3. Legal Instrument Examiner."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (To ITHIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (To ITHIS SPACE is less than 40, enter "3".  The "Highest Number Previously Paid For" (To ITHIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (To ITHIS SPACE is less than 3, enter "3".  The Highest Number Previously Paid For" (To ITHIS SPACE is less than 40, enter "4".  The "Highest Number Previously Paid For" (To ITHIS SPACE is less than 3, enter "3".  The Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "3".  The Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "2".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "2".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "2".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "2".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "2".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "2".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "2".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "2".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "2".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "2".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "2".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "2".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "												

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USE) process) an application. Confidentiality is ownered by \$8 USE. of 122 and 37 CFR 1.14. This collection is estimated to be 122 minutes to complete, including gathering, preparing, and submitting the completed application form to the USFIO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief information Officer. US. Platent and Trademark Office, U.S. Department of Communos, D.O. Box 1450, Aboxandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS AUDIENTS. SEND TO: Commissioner for Platents, P.O. Box 1450, Alexandria, VA 2213-1450.